

RM#  
0265553

Signature Bank

# Business Profile and Account Application

This application allows you to open up to four accounts provided the account ownership is the same.

## Section 1. Business Client Profile

## Business Formation:

- ☐ Corporation    ☐ LLP    ☐ LLP    ☒ LLC    ☐ Partnership    ☐ Voluntary Association  
☐ Sole Prop    ☐ Trust    ☐ Other

State: NY    Date Est: 03/2008    Publicly Traded: Exchange:    Symbol:    (for Parent Company's)

Account Title: Coney Management LLC A/V/F "See Account Schedule for Multiple Accounts"

Business Address: 1499 Coney Island Avenue  
(From the P.O. Box)

City: Brooklyn

Telephone No.: (718) 338-2010

Primary Contact:

Michael Moss

Direct Email Address: mh@coneyrealty.com

Room/Floor No.:

No. Of Years At Address: 8

State: NY

Zip: 11230

Fax No.: (718) 338-7800

Relationship To Business:  
MemberDirect Phone Number:  
(718) 338-2010

EIN/SSN No.:

Opening Deposit:    Source of funds:

Industry: ☒ Real Estate Owners☐ Real Estate - Third Party Ngt☐ Intermediary/Business Manager☐ Law Firm☐ Accounting/CPA Firm☐ Not-for-profit☐ Financial Co. - Type of Financial Co.:☐ Precious Metals, Gems, Stones☐ Prosthetics/Access☐ Other:Detail Description: ☐ Retail☐ Wholesale☐ Retail & Wholesale☒ Services Industry☐ Capital Rais☐ Other:

Provide a detailed description of the business including products and services offered: Commercial and residential Real Estate

List all foreign countries in which the client or its parent/subsidiary conducts its business operations: ☒ N/A

## Section 1(a). Taxpayer Identification Number Certification

**TAXPAYER IDENTIFICATION NUMBER CERTIFICATION - FOR U.S. BUSINESS ONLY.** Federal businesses should not complete this section. If you are a federal business, please complete the application with your EIN. If you are a U.S. citizen or resident, please complete this section. If you are a U.S. citizen or resident, please complete this section. If you are a U.S. citizen or resident, please complete this section.

By signing below, I hereby certify under penalty of perjury that (1) The EIN/SSN number shown on this form is my correct tax identification number. (2) I am not subject to backup withholding, because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all income or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other U.S. person (including a U.S. Resident Alien, Partnership, Corporation, Company, or Association organized in the US or under US law, a U.S. estate and domestic trust as defined in 26 CFR 301.7701-7). Certification Instructions: You must check out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all income and/or dividends on your tax return. The Internal Revenue Service does not require your return to any providers of this document other than the certification required to avoid backup withholding.

Peter Rebenwurzel

Peter Moss

Authorized Signature

## Section 1(b). Signature Use Only - Attestation

Client is: ☒ New/Walk-in    ☐ Existing relationship 12 months or less    ☐ Existing relationship greater than 12 months  
☐ New/Referral (Referred by:    ☐ Other:

Check Systems

☒ Completed☐ On File

Site Visit

☒ Completed☐ On File

OFAC

☒ Completed☐ On File

Telephone Verification

☒ Completed☐ On File

ID

☒ Attested☐ On FileDoes this account require prior approval before establishing? ☐ Yes ☒ No Reason:

By signing below, I acknowledge that the client has been given Signature Bank's Business Account Agreement &amp; Disclosure booklet and all information provided to this application, and to all other documents provided to Signature Bank in connection with this application, is accurate and correct.

Meyer Eichler

Account Officer Name

Authorized Officer Signature

204

PCC

RM Number (bank use only): 0 1 9 7 7 1 1

GOVERNMENT  
EXHIBIT  
144

19 Cr. 696 (PAE)

## Section 1(c). Signers/Beneficial Owners

Note: Beneficial owners owning 20% or greater of a US formed business (10% or greater for non-US formed businesses) are required to be listed below. A copy of a valid photo ID is required for all listed. All the names listed will be verified by Chex Systems.

1	Name	PETER E REBENWURZEL	SS#	[REDACTED]	Date of Birth	08/05/1952
	Check all that apply:	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Signer <input checked="" type="checkbox"/> Beneficial Owner	ID #	316 849 087	Exp. Date	08/05/19
	Title/Role	MEMBER	% Ownership	50	ID Type:	<input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Non-Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other
	<input checked="" type="checkbox"/> US Citizen <input type="checkbox"/> US Resident Alien <input type="checkbox"/> Non-Resident Alien	State or Country of ID Issuance NY				
	Home Address 1499 CONEY ISLAND AVENUE					
	Are you now or have you ever been a Foreign Public Official or an immediate family member of an individual holding such an office? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
	If yes, please specify:					
	<u>Bank Use Only</u>		<u>Bank Use Only</u>			
	RM Number	0 0 1 3 4 3 9	Chex Systems	<input type="checkbox"/> Completed <input checked="" type="checkbox"/> On File		
			OFAC	<input type="checkbox"/> Completed <input checked="" type="checkbox"/> On File		
			ID	<input type="checkbox"/> Attached <input checked="" type="checkbox"/> On File		
2	Name	MICHAEL HAAS	SS#	[REDACTED]	Date of Birth	01/31/1975
	Check all that apply:	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Signer <input checked="" type="checkbox"/> Beneficial Owner	ID #	178 960 794	Exp. Date	01/31/2021
	Title/Role	MEMBER	% Ownership	50	ID Type:	<input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Non-Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other
	<input checked="" type="checkbox"/> US Citizen <input type="checkbox"/> US Resident Alien <input type="checkbox"/> Non-Resident Alien	State or Country of ID Issuance NY				
	Home Address 1499 CONEY ISLAND AVENUE BROOKLYN, NY 11230					
	Are you now or have you ever been a Foreign Public Official or an immediate family member of an individual holding such an office? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
	If yes, please specify:					
	<u>Bank Use Only</u>		<u>Bank Use Only</u>			
	RM Number	0 1 3 8 1 7 9	Chex Systems	<input type="checkbox"/> Completed <input checked="" type="checkbox"/> On File		
			OFAC	<input type="checkbox"/> Completed <input checked="" type="checkbox"/> On File		
			ID	<input type="checkbox"/> Attached <input checked="" type="checkbox"/> On File		
3	Name	EPHRAIM NIERENBERG	SS#	[REDACTED]	Date of Birth	01/31/1963
	Check all that apply:	<input type="checkbox"/> Officer <input checked="" type="checkbox"/> Signer <input type="checkbox"/> Beneficial Owner	ID #	924 006 444	Exp. Date	01/31/2018
	Title/Role	SIGNER	% Ownership	0	ID Type:	<input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Non-Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other
	<input checked="" type="checkbox"/> US Citizen <input type="checkbox"/> US Resident Alien <input type="checkbox"/> Non-Resident Alien	State or Country of ID Issuance NY				
	Home Address 966 E 23 ST BROOKLYN, NY 11210					
	Are you now or have you ever been a Foreign Public Official or an immediate family member of an individual holding such an office? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
	If yes, please specify:					
	<u>Bank Use Only</u>		<u>Bank Use Only</u>			
	RM Number	0 2 0 2 8 6 6	Chex Systems	<input type="checkbox"/> Completed <input checked="" type="checkbox"/> On File		
			OFAC	<input type="checkbox"/> Completed <input checked="" type="checkbox"/> On File		
			ID	<input type="checkbox"/> Attached <input checked="" type="checkbox"/> On File		
4	Name		SS#		Date of Birth	
	Check all that apply:	<input type="checkbox"/> Officer <input type="checkbox"/> Signer <input type="checkbox"/> Beneficial Owner	ID #		Exp. Date	
	Title/Role		% Ownership		ID Type:	<input type="checkbox"/> Driver's License <input type="checkbox"/> Non-Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other
	<input type="checkbox"/> US Citizen <input type="checkbox"/> US Resident Alien <input type="checkbox"/> Non-Resident Alien	State or Country of ID Issuance				
	Home Address					
	Are you now or have you ever been a Foreign Public Official or an immediate family member of an individual holding such an office? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	If yes, please specify:					
	<u>Bank Use Only</u>		<u>Bank Use Only</u>			
	RM Number		Chex Systems	<input type="checkbox"/> Completed <input type="checkbox"/> On File		
			OFAC	<input type="checkbox"/> Completed <input type="checkbox"/> On File		
			ID	<input type="checkbox"/> Attached <input type="checkbox"/> On File		

Signature Bank 11

FOIA Confidential Treatment Requested by Signature Bank

SDNY\_001108

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**Section 2. Account Mailing Address**

Account Mailing Address (complete only for alternate mailing address)

City

State

Zip

**Section 2(a). Account Type**

- ☐ Signature Plus For Business Checking    ☐ Escrow Account (Attorney)    ☐ Monogram Escrow Account    ☐ Monogram Money Market Funds Program (Specify funds below)
- ☐ Monogram Business Checking    ☐ Money Market Account    ☐ 1031 Exchange
- ☐ Signature Business NOW    ☐ IDLA    ☐ Attorney Escrow    ☐ Other
- ☐ Monogram Business Invested Money Market    ☐ Escrow Account (Non-Attorney)    ☐ Other
- ☐ Time Deposit    ☐ Money Market Account    ☐ Other

The funds in the Monogram Money Market Funds Program are 1) not FDIC insured, 2) not deposits or other obligations of any bank or guaranteed by any bank, and 3) involve investment risks, including possible loss of principal amount invested. Although these funds seek to preserve the value of your investment at \$1.00 per share, it is possible to lose money by investing in these funds.

**Section 2(b). ATM Card/Debit Card Option**

Only available for businesses requiring only one authorized signer.

- ☐ ATM card requested    ☐ Debit card requested (If neither box is selected, no card will be issued)

List all names to receive a card:

N/A

Is international ATM activity anticipated? ☐ Yes ☐ No If yes, please state where:

N/A

**Section 3. Internet Services**

☒ I would like internet access to the accounts listed on this application. Access will only be granted to authorized signers.

E-mail Address:

**Section 4. Agreements & Acknowledgements**

Client initial required.


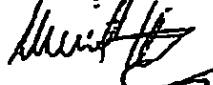

<p><input checked="" type="checkbox"/> <b>SIGNATURE BANK ACCOUNTS</b></p> <p>By initiaing this subsection and signing under Authorized Signer, I certify that I have received, read and agree to the Business Bank Deposit Account Agreement, Business ATM Card and Debit Card Agreement, Business Account Fee Schedule, Funds Transfer Agreement, and the Funds Availability Disclosure.</p> <p><b>INITIAL HERE</b></p>	<p><input type="checkbox"/> <b>MONOGRAM MONEY MARKET FUNDS PROGRAM</b></p> <p>By initiaing this subsection and signing under Authorized Signer, I certify that I have received, read, and agree to the Monogram Money Market Funds Program For Business Customer Agreement and the prospectus for each Fund selected and I agree to be bound by their respective terms. I request that the Bank, acting as my agent, purchase and redeem shares in the Funds indicated on this application on my behalf in accordance with the above Agreement and I acknowledge that each decision may be in the form of telephone investment from me.</p> <p>The funds in the Monogram Money Market Funds Program:</p> <ul style="list-style-type: none"> <li>are NOT FDIC insured.</li> <li>are NOT deposits or other obligations of any bank or guaranteed by any bank and</li> <li>involve investment risks, including possible loss of principal amount invested.</li> </ul> <p>Although these Funds seek to preserve the value of your investment at \$1.00 per share, it is possible to lose money by investing in these funds.</p>
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## Section 4(a). Agreements & Acknowledgements

**AUTHORIZED SIGNERS (SIGNATURE CARD)** I, the undersigned, as a representative of the applicant, have correctly and truthfully completed this application and have reviewed, read and agreed to the above listed acknowledgements and all applicable agreements with Signature Bank's Account Agreements and Disclosures booklet.

Account Title: **Coney Management LLC** A/A/F "See Account Schedule for Multiple Accounts"

1. Print Name: <b>Peter E Rebenwurz</b>	Signature: 	Title: <b>Member</b>	Date: <b>1/2/15</b>
2. Print Name: <b>Michael Haas</b>	Signature: 	Title: <b>Member</b>	Date: <b>1/2/15</b>
3. Print Name: <b>Ephraim Nierenberg</b>	Signature: 	Title: <b>Signer</b>	Date: <b>1/2/15</b>
4. Print Name: _____	Signature: _____	Title: _____	Date: _____

### SIGNING AUTHORITY AGREEMENT

I certify that (i) the individuals who have signed above as Authorized Signers are authorized by the applicant to sign this application and have signing authority on the accounts opened pursuant to this application, (ii) the above signatures and titles are those Authorized Signers' signatures and titles with the applicant and (iii) the Authorized Signers are authorized by the applicant to act on the applicant's accounts when signing.

☒ Individually or ☐ in the following manner: \_\_\_\_\_

Note: While the Bank will make reasonable effort to comply with a requirement that more than one Authorized Signer sign on a transaction, the Bank assumes no responsibility for any transaction that is honored that contains the signature of just one Authorized Signer.

**SIGN HERE: PETER REBENWURZ** 

Must be signed by: Secretary if Corporation or Association; Manager or Managing Member if LLC; General Partner if Partnership; Limited Partnership or LLP; or Owner if Sole proprietorship.

## Section 5. Signature Employee Use Only

Signature Bank/Management Money Market Funds Program/Account(s)

#### Purpose of Account:

☐ Operating ☐ Payroll ☐ Private Placement  
☐ Settlements - Real Estate ☐ Court Supervised  
☐ Financial/Investment Services ☐ Donations/Contributions ☐ Escrow  
☐ Other (specify) \_\_\_\_\_

#### Purpose of Account:

☐ Operating ☐ Payroll ☐ Private Placement  
☐ Settlements - Real Estate ☐ Court Supervised  
☐ Financial/Investment Services ☐ Donations/Contributions ☐ Escrow  
☐ Other (specify) \_\_\_\_\_

#### Purpose of Account:

☐ Operating ☐ Payroll ☐ Private Placement  
☐ Settlements - Real Estate ☐ Court Supervised  
☐ Financial/Investment Services ☐ Donations/Contributions ☐ Escrow  
☐ Other (specify) \_\_\_\_\_

#### Purpose of Account:

☐ Operating ☐ Payroll ☐ Private Placement  
☐ Settlements - Real Estate ☐ Court Supervised  
☐ Financial/Investment Services ☐ Donations/Contributions ☐ Escrow  
☐ Other (specify) \_\_\_\_\_

Notes: \_\_\_\_\_

CAAR

☒ Attached

☐ On File

Check Systems

☒ Completed

☐ On File

I.D.

☒ Attached

☐ On File

OFAC

☒ Completed

☐ On File

Does this account require prior approval before establishing? ☐ Yes ☒ No Reason: \_\_\_\_\_

Account Officer Name: Jonathan Rosenberg

Account Officer Signature: 

Approving Officer Name: Mary Elmer

Approving Officer Signature: \_\_\_\_\_

Profit Center Number: 220

(By signing above, I acknowledge that the officer has been given Signature's Business Account Agreements & Disclosures booklet and all information provided in this application, and in all other documents provided to Signature in connection with this application, to review and consent.)

RM Number



SIGNATURE BANK

Additional Account(s) Supplement to  
Business/Non-Personal Account Application

SIGNATURE USE ONLY

Signature Bank/Monogram Money Market Funds Program Accounts

1 5 0 3 2 2 6 5 3 3  
1 5 0 3 2 2 6 5 2 5

RM Number

0 2 6 5 5 5 3

0 1 9 7 7 1 1



200045-0612

P.001

## SUPPLEMENTAL SCHEDULE

This Supplement Schedule is being provided to Signature Bank by Coney Management LLC on the date listed below in accordance with the letter dated September 17, 2014 between Signature Bank and Coney Management LLC to amend the Schedule attached to that letter to include the following Accounts:

Account Title	Account Number	Company	Company's TIN	Building Address
518 West 204th Coney Management LLC Agent		518 West 204 LLC	82233205	518 W 204TH STR, New York, NY 10034
518 West 204th Coney Management LLC	1503226525	518 West 204 LLC	82233205	518 W 204TH STR, New York, NY 10034
518 West 204th Coney Management LLC	1503226532			

Coney Management LLC

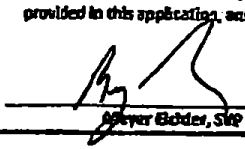
By:

Peter E. Robanowicz, Member

Date:

09/19/2017

By signing below, I acknowledge that the customer has been given Signature's Business Account Agreements & Disclosures Booklet and all client profile information provided in this application, and all other documents provided to Signature Bank in connection with this application is accurate and current.


  
Peter E. Robanowicz, Member

9/20/17

Date:

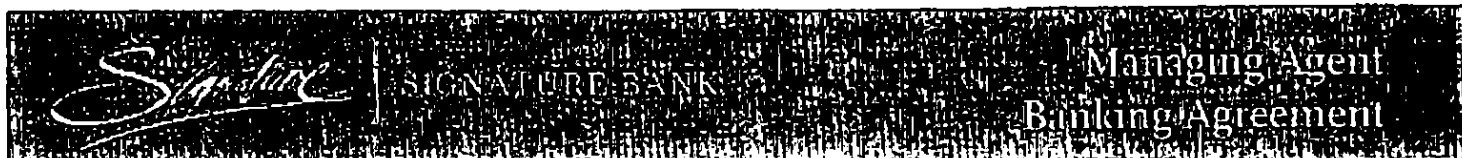
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THIS MANAGING AGENT BANKING AGREEMENT (this "Agreement") is made as of 9/20/17 (date), by and among

Coney Management LLC (Managing Agent), a

☐ corporation ☒ limited liability company ☐ (other), ("Managing Agent") and 518 WEST 204th St, a

☐ corporation ☒ limited liability company ☐ (other), ("Owner").

Owner is the owner of the property located at 518 W 204th Street New York NY 10034 ("Building"). The Owner and Managing Agent have entered into an agreement in which Managing Agent has agreed to manage the Building for Owner ("Managing Agent Agreement").

The Owner and Managing Agent are entering into this Agreement to authorize the Managing Agent to open at Signature Bank ("Bank") one or more accounts for the benefit of Owner ("Accounts"). To sign all Account opening documents, to deposit into such Accounts funds relating to the Building that are payable to either the Owner or Managing Agent and to make withdrawals from such Accounts to pay Building expenses and make other payments relating to the Building. Owner has signed a W-9 form certifying the Owner's taxpayer identification number, which has been or will be delivered to the Bank.

The Owner authorizes the Bank to recognize the actions or directions of any person or persons designated by the Managing Agent to do the following:

- Open one or more deposit accounts in the name of the Managing Agent as managing agent for the Owner ("Account") at the Bank;
- Contract for any services offered by the Bank with respect to an Account and the Bank may debit any Account for any fees related to such services in any Account;
- Submit for deposit to and/or collection for an Account all checks, drafts, notes or other instruments for the payment of money payable to the Owner, the Managing Agent on behalf of the Owner or the Managing Agent ("Checks"), which the Bank is authorized to accept whether or not endorsed by the Owner, the Managing Agent or any of the person or persons designated by Managing Agent, it being understood that each such Check shall be deemed to be unqualifiedly endorsed by the Owner;
- Deposits of currency to the Account;
- Sign Checks or other orders with respect to an Account, including Checks or orders in favor of the Managing Agent or any of the person or persons designated by the Managing Agent, and issue stop payment instructions with reference to any such Check or order; and
- Withdraw funds from an Account or transfer funds between Accounts, by any means authorized by the Bank.

To induce the Bank to permit the Managing Agent to open and maintain the Accounts in accordance with this Agreement, Owner agrees that it will not bring any claim, demand, complaint, action or litigation against or regarding the Bank with respect to any Check deposited the Accounts or any other transaction by the Managing Agent relating to the Accounts, except for the Bank's gross negligence or willful misconduct. This paragraph shall survive the termination of this Agreement.

The authorization under this agreement shall remain in effect until written notice is received from either the Owner or the Managing Agent by the Bank, which notice has been directed to the Private Client Group managing the Account relationship at the Bank's Financial Center where the Account is located and that Private Client Group has had a reasonable time to act on the notice. Upon termination of this Agreement, the Owner and Managing Agent agree that the Managing Agent shall have no further control over or access to the Accounts. The Bank may, in its sole discretion, close the Account (i) after 30 days written notice or (ii) immediately upon written notice in the event of suspected fraud or other illegal activity in connection with the Account the Bank becomes obligated to close the Account under any statute, rule or regulation or any court or administrative order or decree, and send to the Owner a check payable to the Owner for the Account balance. This Agreement shall be interpreted and construed in accordance with the laws of the State of New York, without regard to the principles of conflict of laws thereof, and any applicable Federal law.

IN WITNESSED WHEREOF, on 19 day of September 2017, the Owner and Managing Agent has each executed this Agreement.

#### OWNER

PETER ROSENWURZEL

Print Owner's Name

By: [Signature]  
Authorized Signer's signature

Name/Title: PETER ROSENWURZEL/OWNER  
Print Authorized Signer's Name/Title

#### MANAGING AGENT

PETER ROSENWURZEL

Print Managing Agent's Name

By: [Signature]  
Authorized Signer's signature

Name/Title: PETER ROSENWURZEL/AGENT  
Print Authorized Signer's Name/Title

\* Must be signed by manager (or member if not manager) if limited liability company and by partner if partnership.

STATE OF NEW YORK)

COUNTY OF Kings SS:

On this 19 day of Sept 2017 before me personally appeared Peter Rosenwurz to me known, and known to me, or proved to me on the basis of satisfactory evidence, to be the individual whose name is subscribed on the above Agreement either as Owner or as authorized signer of the Owner and if the individual signed as an authorized signer of the Owner that such individual has, or has been given, the title stated above and the authority to sign the Agreement on behalf of the Owner, and the said individual duly acknowledged to me that he/she executed the above Agreement either as the Owner or for and on behalf of and with the authority of the said Owner.

[Signature]  
Notary Public

ELADIA ROLON  
NOTARY PUBLIC, State of New York  
No. 01RO6340796  
Qualified in Kings County  
Commission Expires April 25, 2020

Account Number

Account Number

# 0265553



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